

# Construction Contractor's Capability Statement

## INSTRUCTIONS

All information must be filled out completely  
For items that require an attachment, send to the following address:

Los Alamos National Laboratory  
PO Box 1663  
Mailstop P203  
Los Alamos, NM 87545

The undersigned certifies that the information provided herein is true and sufficiently complete so as not to be misleading.

**COMPANY NAME**  
**ADDRESS**

**CITY**

**STATE**

**ZIP CODE**

**PHONE**

**FAX**

**EMAIL:**

**PRIMARY CONTACT:**

**TYPE OF CONSTRUCTION WORK (Check all that apply)**

☐ General----List Primary Expertise\_\_\_\_\_

☐ Site Work

☐ Demolition

☐ Exterior Utilities

☐ Paint

☐ Structural

☐ Steel Fencing

☐ Masonry

☐ Mechanical (HVAC/Plumbing)

☐ Carpet

☐ Roofing

☐ Building

☐ Electrical

☐ Mechanical

☐ Clean Room

☐ Fire Protection

☐ Nuclear Facility

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## COMPANY PROFILE:

How many years has your organization been in a business as a construction contractor?

How many years has your organization been in the construction business under its present business name?

Under what former names has your organization operated?

List the names and titles of the key individuals of your organization, years with firm, educational training and qualifications.

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List the categories of work that your organization normally performs with its company personnel.

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List the major projects your organization has in progress or has completed in the past five years, owner, contact amount, date/expected completion, percentage performed with its company personnel.

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List your Trade References

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List your Surety company or your banking affiliates.

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What is your organization's current bonding rate?

Single \_\_\_\_\_ Aggregate \_\_\_\_\_

Has your firm entered into a contract that had to be completed by your surety within the past five years?

Yes ☐ No ☐

List your Contractor's New Mexico license classification(s):

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### Safety History:

List your firm's: Workmen's compensation Experience Modification Rate (EMR), Total recordable Injury/Illness case rate, and Lost workday case rate for the current period (calendar year to-date) and the previous three year period.

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|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Rate Type: Interstate \_\_\_\_\_, In-State \_\_\_\_\_, Monopolistic \_\_\_\_\_

Insurance Carrier:

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What is your firm's North American Industrial Classification System (NAICS) code?

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Check all that apply to your organization. Provide certification if 8(a) Certified or Small Disadvantaged.

☐ Woman owned      ☐ Small Business      ☐ Small Disadvantaged      ☐ 8(a)      ☐ Large      ☐ Veteran

☐ Disabled Veteran      ☐ HUBZone

Present number of employees

☐ 1-20      ☐ 21-40      ☐ 41- 60      ☐ 61 – 100      ☐ Over 100